



# Incident Report

**Print Date/Time:** 08/01/2016 17:01  
**Login ID:** ss0143

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00014904

**Incident Date/Time:** 7/30/2016 2:26:19 PM  
**Location:** SR 9 NE / SR 204  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 870-9723  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy
19R1	SS0133-Heinemann

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	DAVENPORT, ANN CHERI	10520 124TH ST Arlington WA 982236237	(425) 870-9723	White	Female	05/29/1957
1	Driver	DAVENPORT, ANN CHERI	10520 124TH ST Arlington WA 982236237	(425) 870-9723	White	Female	05/29/1957
2	Driver	ANDERSON, JACOB THOMAS	1398 CROSBY RD Oak Harbor WA 982779313	(360) 929-7160		Male	09/07/1979

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						ALA8172	
Involved Vehicle						B26660Z	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**07/30/2016 : 14:27:50 SP0213 Narrative: AA**

**07/30/2016 : 14:27:36 SP0181 Narrative: LR/181**

**07/30/2016 : 14:27:22 SP0181 Narrative: CC, NON INJ, NON BLKING RP IN A RED CORVETTE VS TK**

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E568308**CASE # **2016-00014904**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS **02**OBJECT  
STRUCKTRIBAL  
RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	07	-	30	-	2016			1426	31					0664	

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR 9 NE

BLOCK NO. ☒

MILE POST

300

DISTANCE

OF (REFERENCE OR CROSS STREET)

		MILES	N	E		SR 204
		FEET	S	W		

UNIT 01

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐DAMAGE THRESHOLD MET  
YES ☐ NO ☒

PHONE

D: 3609297160

LAST NAME

ANDERSON

FIRST NAME

JACOB

MIDDLE  
INITIAL

T

STREET  
NEW ADDRESS

1398 CROSBY RD

CITY

OAK HARBOR

ST

WA

ZIP

982779313

CDL

RESTRICTIONS

J

ENDORSEMENTS

DRIVER'S  
LICENSE #

ANDERJT2160G

STATE

WA

SEX

M

D.O.B.  
MMDDYYYY

09

07

1979

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET  
USEINJURY  
CLASS

1

NATURE OF INJURIES

LICENSE  
PLATE #

B26660Z

STATE

WA

VIN#

3B7KF23D2VM501235

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

1997

MAKE

DODG

MODEL

RAMPU

STYLE

PC

VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO. JACOB ANDERSON 1398 CROSBY RD OAK HARBOR WA 98277

LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY #

MIDDLESEX INSURANCE 474756071

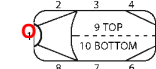
VEHICLE  
LEGALLY  
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐PEDESTRIAN ☐PROPERTY  
OWNER ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

D: 4258709723

LAST NAME

DAVENPORT

FIRST NAME

ANN

MIDDLE  
INITIAL

C

STREET  
NEW ADDRESS

10520 124TH ST NE

CITY

ARLINGTON

ST

WA

ZIP

982236237

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S  
LICENSE #

DAVENAC436K9

STATE

WA

SEX

F

D.O.B.  
MMDDYYYY

05

29

1957

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET  
USEINJURY  
CLASS

1

NATURE OF INJURIES

LICENSE  
PLATE #

ALA8172

STATE

WA

VIN#

1G1YY26W285113152

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

2008

MAKE

CHEV

MODEL

COR2D

STYLE

CP

VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO. ANN DAVENPORT 10520 124TH ST NE ARLINGTON WA 98223

LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY #

SAFECO H1772824

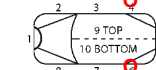
VEHICLE  
LEGALLY  
STANDINGYES ☒ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

J. KILROY #0132

BADGE OR ID #

#0132

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E568308**CASE # **2016-00014904**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Unit 1 was traveling north on SR 9 NE slowing down for the red light at the intersection with SR 204. Unit 2 was stopped on SR 9 NE in the northbound lane for the red light at the intersection with SR 204. Unit 1 did not see unit 2 and hit unit 2.

There were no injuries and both units were driven from the scene.

Unit 1 was at fault due to inattention.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**J. KILROY #0132**
**07-30-16 04:07 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**W. AUKERMAN 0072**
**7/30/2016 7:19:08 PM**

BADGE OR ID #	<b>#0132</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>2:28 PM</b>	TIME POLICE ARRIVED	<b>2:32 PM</b>
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REPORT NO. E568308

CASE # 2016-00014904

DATE AND TIME  
OF COLLISION 07/30/16 14:26

